MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043820

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6478 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

1
2 8 2 6 2
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4 2
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12 90-3
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USE BLACK INK OR TYPEWRITER RIBBON

FILED DEC 11 1963

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY
Length of stay in 1b: 50 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1526 LYDIA
Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location) 1526 LYDIA — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First THEODORE Middle H. Last CAMPBELL

4. DATE OF DEATH: Month 11 Day 23 Year 63

5. SEX: MALE

6. COLOR OR RACE: NEGRO

7. Married X Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 7-22-1893

9. AGE (last birthday): 70
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PORTER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): TOPEKA, KANSAS

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: THEODORE H. CAMPBELL SR.

13b. MOTHER'S MAIDEN NAME: UNKNOWN

14. NAME OF HUSBAND OR WIFE: CORA C. A. CAMPBELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: CORA C. A. CAMPBELL Address: 1526 LYDIA, K. C., MO.

18. CAUSE OF DEATH (Enter only one cause per line for a, b, and c.)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial Insufficiency. — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): Arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Malnutrition

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES X NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from ____ to ____ and last saw her/him alive on ____
Death occurred at ____ m on the date stated above, and to the best of my knowledge, from the causes stated.

I, L. Tillman

22a. SIGNATURE (Degree or title): L. M. Tillman M.D. Deputy Coroner

22b. ADDRESS: 1618 Lydia Ave

22c. DATE SIGNED: 11/30/63

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: 12-2-63

23c. NAME OF CEMETERY OR CREMATORY: LINCOLN CEMETERY

23d. LOCATION (City, town, or county) (State): KANSAS CITY MO.

24. FUNERAL DIRECTOR: Mrs. C. E. Davis ADDRESS: K. C., Mo.

25. DATE RECD. BY LOCAL REG.: 11-30-63

26. REGISTRAR'S SIGNATURE: Bessie Smith

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF — DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed John R. Sidwell
Signature of Student Embalmer

Licensed Embalmer No. 4531

P. O. Address Kansas City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure, to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.